

Instructions to access and use Virginia Department of Health (VDH) Operation and Maintenance portal (My Health Department)

May 2020

v.1.0

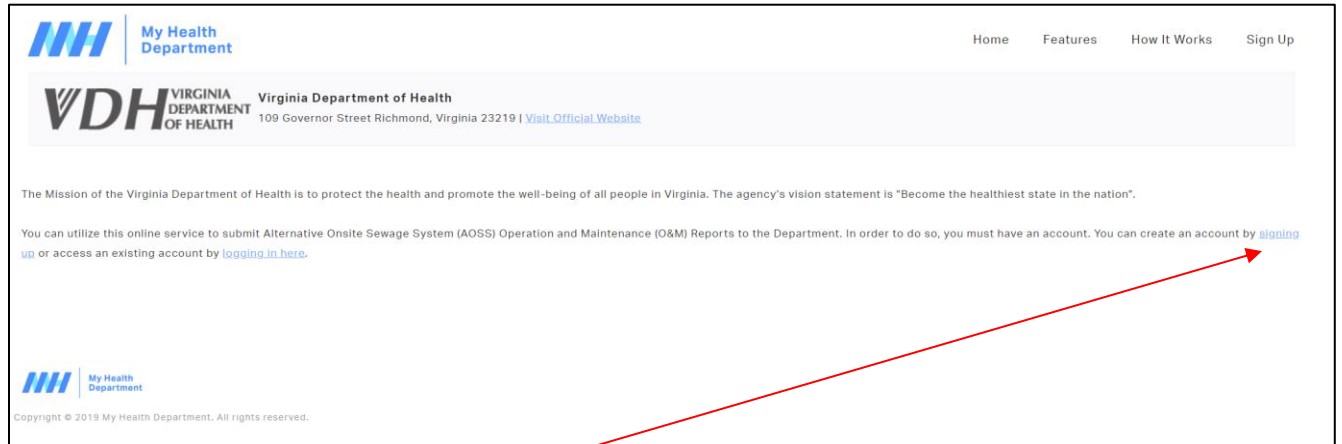
Note: Per user feedback, VDH is working with the vendor to make changes to address several changes. This document is considered ‘green’ and will be updated as needed.

Creating a New VDH MyHD Account

Please only use Chrome browser.

Navigate to the following URL: <https://myhealthdepartment.com/virginia/>

This link is for the My Health Department landing page.



To register a new account click on the “signing up” hyperlink from the Landing page (for returning users, separate instruction is provided below).

Enter your information in the appropriate fields. Note: Only Master Onsite Sewage System Operator with valid license can submit the O and M reports. Please do not use company credentials to create the account.

Register

Use the form below to create an account with My Health Department. Companies will need to set up individual accounts for each onsite sewage system operator license holder, as this information will be tied to the expiration date of the license.

If you already

Entity Name

Enter a value for Entity Name

Enter your organization's name

First Name

Enter a value for First Name

First name as it appears on your Onsite Sewage System Operator License

Last Name

Enter a value for Last Name

Last name as it appears on your Onsite Sewage System Operator License

Email Address

Enter a value for Email Address

Enter the user's email address

Cell Number

Enter a value for Cell Number

Enter the user's cell phone or office phone number

Password


Enter a value for Password

Create a password for the account

☐ I agree to [Terms of Use](#).

Confirm You're a Real Person

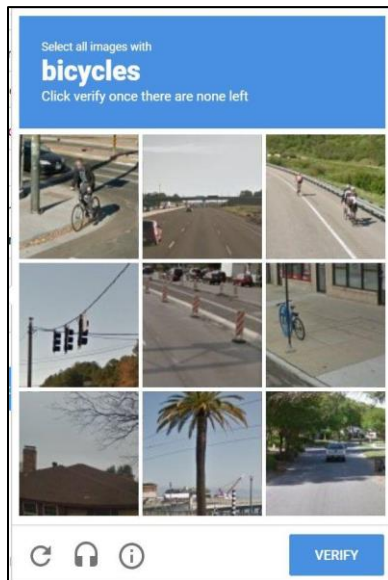
☐ I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

Submit

Select the box acknowledging agreement to the "Terms of Use".

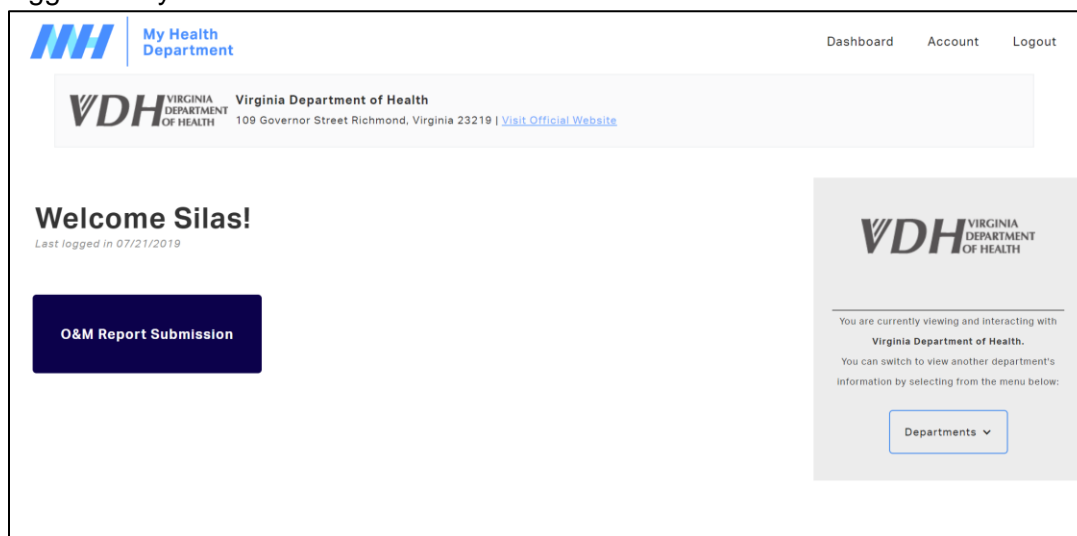
“Confirm You’re a Real Person” by selecting the box next to ‘I’m not a robot’ and completing the required tasks. For instance, you would select the squares that contain images of bicycles.



Upon proper completion the confirmation box appears confirming you are not a robot.



You will be taken to the welcome page and should see your name confirming you logged into your account.



*******IMPORTANT READ ME*******

Creation of “My Health Department” account alone does not allow for submission of reports through “My Health Department” website.

VDH staff must verify “My Health Department” accounts are in use by operators with an unexpired Master Conventional Onsite Sewage System Operator or Master Alternative Onsite Sewage System Operator license on file with the Virginia Department of Professional and Occupational Regulation (DPOR).

After creation of a “My Health Department” account, operators must send an email with their license information to VDH staff at the following email address:

ehdministrators@vdh.virginia.gov

To ensure your account is processed in a timely manner, please ensure all of the following information is included in your email **and if possible a picture of your license:**

- Your first and last name as it appears on your Master Conventional Onsite Sewage System Operator or Master Alternative Sewage System Operator license.
- The license number of your Master Conventional Onsite Sewage System Operator or Master Alternative Onsite Sewage System Operator license.
- The name of the organization your work for.
- The email address used to create your “My Health Department” user account (See above)

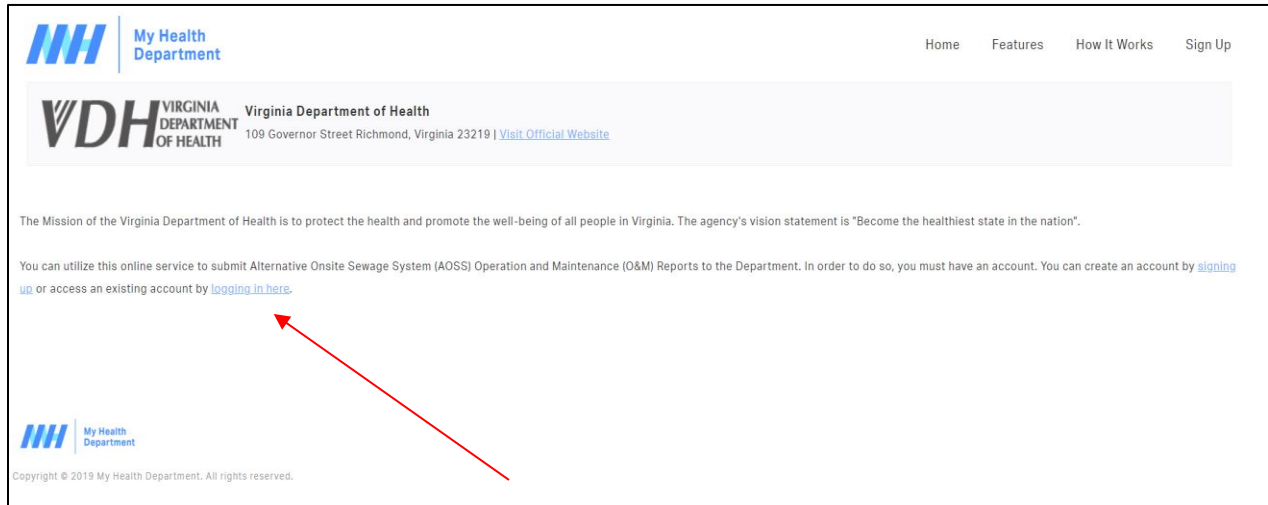
Once VDH staff receives your information they will verify records with DPOR and then grant access to your “My Health Department” account to submit O&M reports. This process may take between 24-48 hours. If you have renewed your license since the creation of the account, please contact ehdministrators@vdh.virginia.gov to update VDH records.

VDH staff will then send a confirmation email to the email address operators provided to confirm their account has been granted access to submit reports.

If you are still unable to submit reports 48 hours after receiving confirmation email, contact VDH at ehdministrators@vdh.virginia.gov to request assistance.

Logging into an existing VDH MyHD Account

Navigate to the Landing screen <https://myhealthdepartment.com/virginia/>



From the Landing screen click the [logging in here](#) hyperlink.
Enter the email address and password previously created and select "Submit".

The screenshot shows the login form on the My Health Department website. At the top, there is a navigation bar with the "My Health Department" logo on the left and links for "Home", "Features", "How It Works", and "Sign Up" on the right. Below the navigation bar, there is a header section with the "VDH VIRGINIA DEPARTMENT OF HEALTH" logo and the text "Virginia Department of Health" and "109 Governor Street Richmond, Virginia 23219 | [Visit Official Website](#)". The main content area is titled "Login" and contains the text "Use the form below to login to your MyHD account." Below this, there are two links: "Need an account? [Register here](#)" and "Forgot your password? [Reset here](#)". The form consists of two input fields: "Email Address" and "Password". The "Email Address" field has a placeholder text "Enter a value for Email Address". The "Password" field has a placeholder text "Enter a value for Password". Below the input fields is a blue "Submit" button. A red arrow points from the "logging in here" link in the previous screenshot to the "Email Address" field. Another red arrow points from the "Submit" button to the "Submit" button in the next screenshot. At the bottom, there is a footer with the "My Health Department" logo and the text "Copyright © 2019 My Health Department. All rights reserved."

You will be taken to the welcome page and should see your name confirming you logged into your account.

The screenshot shows the 'My Health Department' interface. At the top, there's a navigation bar with 'My Health Department' and links for 'Dashboard', 'Account', and 'Logout'. Below this is a header section with the 'VDH' logo and 'Virginia Department of Health' information, including the address '109 Governor Street Richmond, Virginia 23219' and a link to 'Visit Official Website'. The main content area features a 'Welcome Silas!' message with 'Last logged in 07/21/2019'. A prominent dark blue button labeled 'O&M Report Submission' is on the left. On the right, a sidebar indicates the user is currently viewing the 'Virginia Department of Health' and provides a 'Departments' dropdown menu.

Password Reset

In the event you forget your password select “[Reset here](#)” and follow the instructions to reset your password.

The screenshot displays the 'Login' page of the 'My Health Department' system. The top navigation bar includes 'My Health Department' and links for 'Home', 'Features', 'How It Works', and 'Sign Up'. The header section contains the 'VDH' logo and 'Virginia Department of Health' details, such as the address '109 Governor Street Richmond, Virginia 23219' and a link to 'Visit Official Website'. The main heading is 'Login', followed by instructions to use the form below to login. Below the instructions are links for 'Register here' and 'Forgot your password? Reset here'. A red arrow points from the top right towards the 'Reset here' link. The login form consists of two input fields: 'Email Address' and 'Password', each with a placeholder text 'Enter a value for Email Address' and 'Enter a value for Password' respectively. A blue 'Submit' button is located at the bottom left of the form.

Submit a New Report

From the welcome page click the O&M Report Submission button to navigate to the report submission page.



In the Report Submission page you are able to view your Recent Submissions (if any exist) displayed in the right side panel.



Click the "Submit a New O&M Report Submission" button to submit a report.

If you click the “Submit a New O&M Report Submission” and receive the error below, your license may have expired or there is a problem with your account. Please follow the instructions on the screen to contact VDH for assistance.

Your certification is either invalid or expired.

For further information, please contact VDH Office of Environmental Health Services at EHDministrators@vdh.virginia.gov (preferred) or via phone 804-864-7473.

Select “Launch Data Wizard” to start the process of entering a new report.

The screenshot shows the 'My Health Department' interface. At the top, there's a navigation bar with 'Dashboard', 'Account', and 'Logout'. Below this is the VDH logo and contact information: 'Virginia Department of Health, 109 Governor Street Richmond, Virginia 23219 | [Visit Official Website](#)'. The main heading is 'O&M Report Submission'. The text explains that users can enter information either by entering each report separately or by uploading a CSV file. A note states: 'NOTE: No information is saved or submitted to the Department until you click "Submit" below. You must also use the reCAPTCHA utility below to verify you are not a bot before clicking "Submit". This is done to prevent fraudulent or spam information from being submitted.' At the bottom, there is a blue button labeled 'Launch Data Wizard'.

Utilize the "Data Wizard" (shown below) to enter Operation and Maintenance data.

The screenshot shows the 'Bulk add O&M Report Submissions' form. It includes a reference to Attachment A for field descriptions. The form contains a table with the following columns: 'Number of Tanks', 'Tank Capacity', 'Treatment Unit 1', 'Treatment Unit 2', 'Conveyance', 'Distribution', 'Dispersal', and 'Disinfectior'. Each column has a sub-header indicating the data source, such as 'Tank Information > Number of T...'. The table has 10 empty rows for data entry. At the bottom left is a 'Clear data' button, and at the bottom right is a blue 'Continue' button. A small 'Powered by Rattle' logo is visible in the center.

Number of Tanks Tank Information > Number of T...	Tank Capacity Tank Information > Tank Capacity	Treatment Unit 1 Tank Information > Treatment U...	Treatment Unit 2 Tank Information > Treatment U...	Conveyance Tank Information > Conveyance	Distribution Tank Information > Distribution	Dispersal Tank Information > Dispersal	Disinfectior Tank Information

- A single report can be submitted by entering data in a single row of the data wizard. Multiple reports can be submitted at once by using multiple rows in the spread sheet but ensure a single row never contains data from more than one report and all of the data for each report is contained within one row each.
- Enter the information in all of the relevant columns to the best of your abilities.
- The columns labeled “Effluent Level Within Operation Limits” and “Physical County” are required columns and every report (row) must contain data in these columns for the report to be submitted.
- There are multiple columns for entering data related to “Maintenance Needed” and “Maintenance Provided.” Use one column for each type of maintenance activity needed and/or provided at the site.
- For descriptions of data entry fields, consult Attachment A at the end of this document.
- Please submit laboratory reports to local health district staff via email attachment, do not submit laboratory reports to ehadministrators@vdh.virginia.gov.

Once you have entered the data for all of the reports you plan to submit click the “Continue” button on the right bottom corner of the data wizard.

Bulk add 1 O&M Report Submission
×

☐ Only show rows with problems
☐ Show modifications

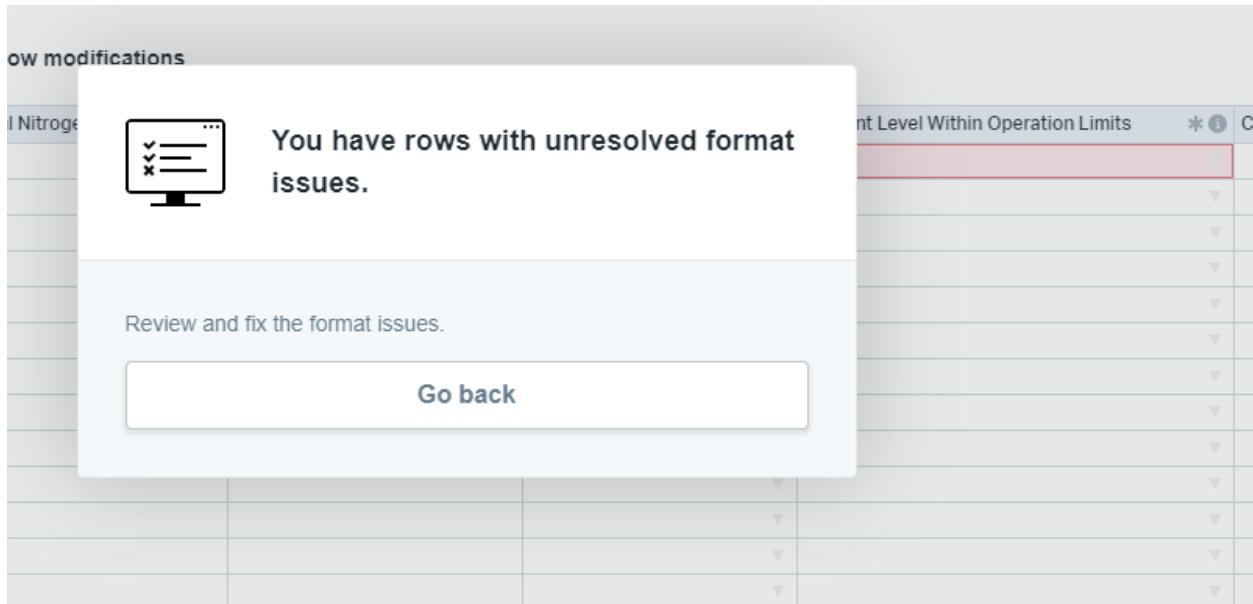
	Maintenance Provided (1)	Maintenance Provided (2)	Maintenance Provided (3)	Maintenance Provided (4)	Maintenance Provided (5)	Maintenance Provided (6)	Maintenance Provided (7)	Mainten
1	Attached Growth Medium	Auxiliary Filter	Blower/Compressor/Aerator Oper	Control Operation	Disinfection			
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Clear data

Powered by Hortifile

Continue

If data has been entered incompletely in certain data fields you will be asked to address the problems with the report data entered.



Once you have addressed any problems with the report you can click the “Complete” button to close the data wizard. A prompt appears asking, “Are you ready to submit?” Select “Yes” when ready. Selecting “No” allows you to edit the data entered.’

Bulk add 1 O&M Report Submission

☐ Only show rows with problems
 ☐ Show modifications

	Number of Tanks	Tank Capacity	Treatment Unit 1	Treatment Unit 2	Conveyance	Distribution	Dispersal	Disinfection	Sewage Handler Name/Inspector Name	Reason for
1	12	1200	97	979	797	7	100	2	979	
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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14										
15										
16										
17										
18										
19										
20										

Are you ready to submit?

No

Yes

Clear data

Powered by Flatfile

Continue

The system will display the number of record(s) to be uploaded. Once you have “Confirmed you’re a real person” (see instructions on page 4), select “Submit”.

O&M Report Submission

Utilize the "Data Wizard" below to enter your information either by entering each report separately on the interface (preferred and recommended) or by uploading a CSV file (not recommended). Once complete, it will ask you to verify the information before submitting it. Once you have verified all information is complete and accurate, the "Data Wizard" will close and you will need to click "Submit" below to submit your reports.

NOTE: No information is saved or submitted to the Department until you click "Submit" below. You must also use the reCAPTCHA utility below to verify you are not a bot before clicking "Submit". This is done to prevent fraudulent or spam information from being submitted.

Launch Data Wizard

1 records ready to upload

Note that your information has not been submitted yet.

Please click "Submit" below to finalize and complete your submission.

Confirm You're a Real Person

I'm not a robot

reCAPTCHA

Privacy - Terms


Submit

Payment

Once the reports have been submitted the system will request payment. Please enter the requested information.

Virginia.gov

VDH
VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment



Payment



Credit Card Information

Total Charge Amount *

1.00

Credit Card Number *

Card Types



Card Security Code ⓘ *

Expiration Date(MMY) *

Billing Information

Owner Name

Company

First Name *

Just

Last Name *

Saying Hi

E-mail *

just_hi@gmail.com

Address1 *

986 Block Party

Address2

City *

Prince William

State *

Virginia ▼

Zip *

32912

Telephone

CONTINUE


Click "Continue", you will be able to review the information entered. If any errors need to be corrected, click "Edit" otherwise click "Submit".

Payment Summary

Billing Address

Name :	Just Saying Hi
Address :	986 Block Party Prince William, VA 32912
Email :	just_hi@gmail.com
Telephone :	

Credit Card Information

Card Type :	
Credit Card Number :	*****9990
Card Security Code :	123
Expiration Date :	0120
Total Charge Amount :	\$1.00

[EDIT](#)[SUBMIT](#)

Payment successfully processed!

[Go back home](#)

Congratulations you've successfully submitted the report and payment!!!

A confirmation e-mail will be sent to the email registered to your portal account.

From: My Health Department Support <myhealthdepartment@hscloudsuite.com>
Date: Thursday, January 16 2020 at 1:07 AM EST
Subject: O&M Report Submission Confirmation
To: sayinghi <sayhi@hscloudsuite.com>

Hi Shay,

Your report(s) has (have) been received and is (are) pending review by VDH staff.

This is an auto-generated email. Do not reply to this email.

You will also receive two confirmation emails regarding your payment.

Online Payment Confirmation

Inbox x



va.support@cyberdatainc.com

11:05 AM (1 hour ago)



to me

Thank you for your payment.

If you have any questions about your payment, please contact VDH Office of Environmental Health Services at EHDministrators@vdh.virginia.gov (preferred) or via phone 804-864-7473. Please include the following information about the transaction in your correspondence to VDH: transaction ID, date of transaction, name and full address (including the zip code) of the septic system serviced, and your contact details.

And

Order Confirmation

Inbox x



DEPT OF HEALTH OFFICE OF EHS <noreply@elavon.com>

11:05 AM (1 hour ago)



to me

Order Results

Profile Name:	DEPT OF HEALTH OFFICE OF EHS
Transaction ID:	050520AC0-8CF69777-32A2-4EA6-8E2C-AF233AC9D54D
Date/Time:	05/05/2020 11:05:24 AM
Transaction Type:	SALE
Approval Message:	APPROVAL
Approval Code:	05734C
ECI:	

Order Section

If you do not receive these three email notifications, please contact ehdministrators@vdh.virginia.gov

Attachment A: Descriptions of data entry fields for VDH O and M portal

Field Heading	Field Name	Field Description	Type of Field	Field options
Tank Information	Number of Tanks	Number of septic tanks included in the onsite sewage system (prior to treatment unit)	Open Text	Custom Text
	Tank Capacity	Total capacity of all septic tanks	Open Text	Custom Text
	Treatment Unit 1	Make and Model of treatment unit	Open Text	Custom Text
	Treatment Unit 2	Make and Model of treatment unit	Open Text	Custom Text
	Conveyance	Method of effluent conveyance from septic tank/treatment unit to dispersal area (Options: gravity, pump, or siphon)	Open Text	Custom Text
	Distribution	Method of equal distribution of effluent to the dispersal area (Options: gravity or pressure)	Open Text	Custom Text
	Dispersal	Method of effluent dispersal (Options: trenches, pad, mound, drip, or discharge)	Open Text	Custom Text
	Disinfection	Type of disinfection (Options: UV, Chlorination, Not Applicable)	Open Text	Custom Text
Pumpout Details	Sewage Handler Name /Inspector Name	Name of sewage handler	Open Text	Custom Text
	Reason for Pumping	Why were the tanks in need of pumping?	DropDown	Routine/Scheduled, System overflow, Repair, other
	Date Pumped	Date pumping occurred (Please document using format: 00/00/0000)	Open Text	Custom Text
	Disposal Site	Name of treatment facility the sewage handler disposed of the effluent	Open Text	Custom Text
	Outcome of Visit	What was the outcome of the visit?	DropDown	Exempt, Inspected, Pumped out
	Effluent Returning Back into Tank After Pumping	Was effluent flowing back into the tank after the contents of the tank were pumped?	DropDown	YES, NO

Field Heading	Field Name	Field Description	Type of Field	Field options
Volume Pumped	Septic Tank 1 (gal)	Amount of effluent pumped from the septic tank	Open Text	Custom Text
	Septic Tank 2 (gal)	Amount of effluent pumped from additional septic tank	Open Text	Custom Text
	Pump/Siphon Tank (gal)	Amount of effluent pumped from the pump/siphon tank	Open Text	Custom Text
	Treatment Unit 1 (gal)	Amount of effluent pumped from the treatment unit	Open Text	Custom Text
	Treatment Unit 2 (gal)	Amount of effluent pumped from additional treatment unit	Open Text	Custom Text
	Other tank/Unit (gal)	Amount of effluent pumped from any additional tank included in the onsite sewage system	Open Text	Custom Text
Maintenance Activity	Visit Date	Date of O&M visit (Please document using format: 00/00/0000)	Open Text	Custom Text
	Visit Time	Time of O&M visit (Please document using format: 00:00 PM)	Open Text	Custom Text
	Visit Purpose	What was the purpose of the Operation and Maintenance visit?	DropDown	Routine/Scheduled, Follow-Up, Reportable Incident, Initial Visit, Pump-Out Only
	Actual/Estimated flow (gpd)	What is the actual or estimated gallons per day flowing into the onsite sewage system?	Open Text	Custom Text
	Maintenance Needed (1-13)	Specify any maintenance of the onsite sewage system required to ensure adequate performance. If more than one kind of Maintenance is needed, use extra columns as needed	DropDown	Select kind of maintenance needed
	Maintenance Provided (1-13)	Specify any maintenance of the onsite sewage system provided during visit. If more than one kind of Maintenance is provided, use extra columns as needed	DropDown	Select kind of maintenance provided
	Effluent Screen Cleaned	Was the effluent filter cleaned during the Operation and Maintenance visit?	DropDown	YES, NO, N/A

Field Heading	Field Name	Field Description	Type of Field	Field options
Field Tests	Odor	Describe the odor of the effluent during the inspection.	DropDown	Low, Medium, High
	Turbidity/Color	What was the turbidity (visual) of the effluent during the inspection? (Options: clear, cloudy, discolored, dark brown, or black)	Open Text	Custom Text
	pH	What was the pH reading in the effluent during the inspection?	Open Text	Custom Text
	DO in Aeration Tank (mg/L)	What was the Dissolved Oxygen in the aeration tank reading during the inspection? (if applicable)	Open Text	Custom Text
	Settleable Solids (%)	What was the percentage of settleable solids in the treatment tank during the inspection? (if applicable)	Open Text	Custom Text
	TRC After Contact Tank (mg/L)	What was the Total Residual Chlorine reading after the contact tank? (if applicable)	Open Text	Custom Text
	Other Test	Enter the results of any other field tests conducted during the O&M visit.	Open Text	Custom Text
Laboratory Tests	Date Collected	Enter the date the sample was collected from the onsite sewage system (Please document using format: 00/00/0000)	Open Text	Custom Text
	Collection Point	Where in the onsite sewage system was the sample collected? (Options: sample chamber, pump chamber, or sample tap)	Open Text	Custom Text
	Laboratory Name	Enter the name of the certified laboratory where the sample was analyzed.	Open Text	Custom Text
	5-Day Biochemical Oxygen Demand (mg/L)	What was the 5-day Biochemical Oxygen Demand reading of the sample?	Open Text	Custom Text
	TRC(ppm)	What was the Total Residual Chlorine reading of the sample? (if applicable)	Open Text	Custom Text
	Fecal Coliform (CFU/100 mL)	What was the Fecal Coliform reading of the sample?	Open Text	Custom Text
	Total Suspended Solids (mg/L)	What was the Total Suspended Solids reading of the sample?	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
	Total Nitrogen (mg/L)	What was the Total Nitrogen reading of the sample?	Open Text	Custom Text
	Total Phosphorus (mg/L)	What was the Total Phosphorus reading of the sample?	Open Text	Custom Text
	Laboratory Results are	Are the test results captured in the "laboratory test" questions you have answered for this report, or being mailed in separately to the local health district?	DropDown	Attached to this report, Will be sent separately
Conclusion	Effluent Level Within Operation Limits	Are the test results of the effluent within the regulatory limits?	DropDown	YES, NO
Comments	Comments	Enter any additional comments regarding the field and laboratory testing of the effluent.	Open Text	Custom Text
Contractor Information	Contractor ID	Enter the identification number for onsite sewage contractor.	Open Text	Custom Text
	Company Name	The name of company/business the onsite sewage contractor works under.	Open Text	Custom Text
	License Number	What is the DPOR license number of the properly licensed operator?	Open Text	Custom Text
	First Name	Licensed Operator's First Name, as it appears on DPOR license	Open Text	Custom Text
	Middle Name	Licensed Operator's Middle Name, as it appears on DPOR license	Open Text	Custom Text
	Last Name	Licensed Operator's Last Name, as it appears on DPOR license	Open Text	Custom Text
	Suffix	Licensed Operator's Suffix	Open Text	Custom Text
	Email Address	Onsite sewage contractor's email address (same as the email used to create the portal account)	Open Text	Custom Text
	Building Number	Building Number of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	Street Name	Street Name of Licensed Operator's / Company's mailing address	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
	Suite/Apt	Suite Number of Licensed Operator's / Company's mailing address (if applicable)	Open Text	Custom Text
	City	City or Town of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	State	State of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	Zip	5-digit Zip Code of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	County	County of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	Phone	Licensed Operator's / Company's 7-digit phone number	Open Text	Custom Text
Owner Information	Owner Name	Property owner's name (Last, First MI)	Open Text	Custom Text
	Owner Phone	Property owner's 10-digit phone number	Open Text	Custom Text
	Owner Building Number	Building number of the property owner's mailing address	Open Text	Custom Text
	Owner Street Name/PO Box	Street name of the property owner's mailing address	Open Text	Custom Text
	Owner Suite/Apt	Suite number of the property owner's mailing address (if applicable)	Open Text	Custom Text
	Owner City	City of the property owner's mailing address	Open Text	Custom Text
	Owner State	State of the property owner's mailing address	Open Text	Custom Text
	Owner Zip	5-digit zip code of the property owner's mailing address	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
Certification	I hereby certify	Please enter one of the following statements as certification of the O&M visit - Option 1: "This AOSS is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-613". <i>(To select Option 1, the "none" boxes must be selected in Maintenance Needed and Maintenance Provided, indicating no maintenance was needed or provided to the AOSS.)</i> Option 2: "This AOSS should now return to normal function after having provided the above stated routine maintenance". <i>(To select Option 2, the boxes selected in Maintenance Provided must match the boxes selected in Maintenance Needed, to indicate the maintenance needed was provided during the O&M visit.)</i> Option 3: "This AOSS is not functioning as designed or in accordance with the performance/maintenance requirements of 12VAC5-613". The additional actions listed above are required to return the AOSS to normal function. <i>(Selecting Option 3 indicates more maintenance needs to be performed on the AOSS.)</i>	Drop down	See Options 1, 2 and 3
	Date	Enter the date the Operation and Maintenance Report was certified by the licensed operator. (Please document using format: 00/00/0000)	Open Text	Custom Text
	Time	Enter the time the Operation and Maintenance Report was certified by the licensed operator. (Please document using format: 00:00 PM)	Open Text	Custom Text
Physical Location Info	Bldg Number	Building number of the physical address of the onsite sewage system	Open Text	Custom Text
	Street Name	Street name of the physical address of the onsite sewage system	Open Text	Custom Text
	Suite/Apt	Suite number of the physical address of the onsite sewage system	Open Text	Custom Text
	City	City or Town where the onsite sewage system is located	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
	Physical County	County where the onsite sewage system is located (if applicable)	DropDown	List of VA counties
	Tax Map/GPIN	Enter any other legal description or property identifier, such as GPIN or Tax Map number.	Open Text	Custom Text